

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	1.	COMMITTEE	2. <input checked="" type="checkbox"/>	LOBBYIST	3.	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <u>Committee to Elect Teresa Stankiewicz</u>										
STREET ADDRESS <u>3926 Beech Avenue</u>										
CITY <u>Erie</u>				STATE <u>PA</u>		ZIP CODE <u>16508 -</u>				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY		<u>City Controller</u>					<u>DEM</u>		MO. DAY YEAR <u>11 7 2017</u>	
2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD			MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY	
30 DAY POST-PRIMARY		MO. DAY YEAR <u>11 28 17</u>			TO		MO. DAY YEAR <u>12 31 17</u>		2018 JAN 30 PM 12:46 KA NOTARIAL PUBLIC JENNIFER L. KASSEL	
6TH TUESDAY PRE-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>414.13</u>								
2ND FRIDAY PRE-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>3711.37</u>								
30 DAY POST-ELECTION		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
ANNUAL REPORT <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

30th DAY OF January 2018

Teresa M. Stankiewicz
 SIGNATURE

MY COMMISSION EXPIRES 10 - 26 - 2021
 MO. DAY YR.

Lisa Winiarski
 SIGNATURE OF PERSON SUBMITTING REPORT

Lisa Winiarski
 PRINTED NAME

814 453-5669
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

30th DAY OF January 2018

Teresa M. Stankiewicz
 SIGNATURE

MY COMMISSION EXPIRES 10 - 26 - 2021
 MO. DAY YR.

Teresa Stankiewicz
 SIGNATURE OF CANDIDATE

Teresa Stankiewicz
 PRINTED NAME

814 882-9980
 AREA CODE DAYTIME TELEPHONE NUMBER